

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

**NAME:** INTERIOR, FISH AND WILDLIFE  
**FACILITY:** HAGERMAN NATL FISH HATCHERY  
**ADDRESS:** 3059-D NATL FISH HATCHERY ROAD  
HAGERMAN, ID 83332

IDG130004  
**PERMIT NUMBER**

001A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 83332

MAJOR (SUBRO05)  
RACEWAYS  
External Outfall



ATTN: BRYAN KENWORTHY

**MONITORING PERIOD**  
FROM YEAR MO DAY TO YEAR MO DAY  
12 02 01 TO 12 02 29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l				
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l				
00530 2 0 Effluent Net	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l				
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l				
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l				
00665 2 0 Effluent Net	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l				
00665 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Hardness, total (as CaCO3)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	*****	N/A	mg/l				
00900 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					Telephone		Date				
Bob Turik Acting Project Leader						(208)837-4896		2012/3/5				
Typed or Printed						Signature Of Principal Executive Officer or authorized agent		Area Code	Num	Yr	Mo	Day

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Monthly sampling only, no quarterly samples taken.

*Net AME 3/2/12*

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

**NAME:** INTERIOR, FISH AND WILDLIFE  
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**ADDRESS:** 3059-D NATL FISH HATCHERY ROAD  
HAGERMAN, ID 8332

IDG130004  
**PERMIT NUMBER**


001A  
**DISCHARGE NUMBER**



ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  

<b>YEAR</b>	<b>MO</b>	<b>DAY</b>		<b>YEAR</b>	<b>MO</b>	<b>DAY</b>
FROM 12	02	01	TO	12	02	29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Copper, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	*****	N/A	mg/l				
01119 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	61.79	ft3/sec	*****	*****	*****					
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							Telephone		Date		
Bob Turik Acting Project Leader								(208)837-4896		2012/3/5		
Typed or Printed	 Signature Of Principal Executive Officer or authorized agent							Area Code	Num	Yr	Mo	Day

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
 Monthly sampling only, no quarterly samples taken.



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**FACILITY:** HAGERMAN NATL FISH HATCHERY  
**ADDRESS:** 3059-D NATL FISH HATCHERY ROAD  
HAGERMAN, ID 8332

IDG130004  
**PERMIT NUMBER**

OSBA  
**DISCHARGE NUMBER**

ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  
FROM YEAR MO DAY TO YEAR MO DAY  
12 02 01 TO 12 02 29

**DMR MAILING ZIP CODE:** 83332  
**MAJOR**  
(SUBRO05)  
**OFF-LINE SETTLING BASIN**  
External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centig	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	deg C			
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	METER
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****		Not Measured	*****	Not Measured	SU			
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	METER
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l			
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l			
00530 2 0 Effluent Net	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	67 MO AVG	100 DAILY MX	mg/l		Quarterly	CALCTD
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	*****	Not Measured	mg/l			
00530 SC 0 Influent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l			
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	Not Measured	Not Measured	mg/l			
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS

Name/Title Principal Executive Officer  Bob Turik Acting Project Leader	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	Telephone  (208)837-4896		Date  2012/3/5		
		Signature Of Principal Executive Officer or authorized agent  		Area Code	Num	Yr Mo Day
Typed or Printed						

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)** Monthly sampling only, no quarterly samples taken.

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**PERMIT NUMBER**

OSBA  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 83332  
MAJOR  
(SUBR005)  
OFF-LINE SETTLING BASIN  
External Outfall



ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  
**YEAR MO DAY YEAR MO DAY**  
**FROM** 12 02 01 **TO** 12 02 29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l				
00665 2 0 Effluent Net	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Flow, in conduit or thru treatment plan	<b>SAMPLE MEASUREMENT</b>	*****	2.87	ft3/sec	*****	*****	*****					
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****		Not Measured	*****	*****	%				
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****		90 MINIMUM	*****	*****	%		Quarterly	CALCTD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					Telephone		Date				
Bob Turik Acting Project Leader						(208)837-4896		2012/3/5				
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**PERMIT NUMBER**


SUMA  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 83332  
**MAJOR**  
(SUBRO05)  
**FACILITY TOTAL**  
Sum

ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  
**YEAR MO DAY** **YEAR MO DAY**  
FROM 12 02 01 TO 12 02 29



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	*****	*****					
00530 T 3 See Comments	<b>PERMIT REQUIREMENT</b>	2068.2 MO AVG	3929.5 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD	
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	Not Measured	Not Measured	lb/d	*****	*****	*****					
00665 T 3 See Comments	<b>PERMIT REQUIREMENT</b>	17.8 MO AVG	26.3 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							Telephone		Date		
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